

INDIANA STATE TEACHERS' RETIREMENT FUND

150 West Market Street, Suite 300 Indianapolis, Indiana 46204-2809 Telephone: (317) 232-3860 / (888) 286-3544 Web site: www.in.gov/trf

INSTRUCTIONS:

This form is for new School employers, established under IC 20-28-3, or Charter School employers, established under IC 20-24-11. Please forward the completed form prior to reporting wages and contributions for Indiana teachers, certified pursuant to Title 515 IAC et seq., employed by your school unit. A representative of the employer must sign to certify that the employer meets eligibility requirements. You must complete all items on this form. Please return the form to the Indiana State Teachers' Retirement Fund at the above address. An employer number will be assigned to your school unit when this application is accepted by the Teachers' Retirement Fund.

Please check one only:	ol [Charter School			
Name of school			Tax Identification number		
If charter school, sponsored by			I		
Address (number and street)					
City		State			ZIP Code
Superintendent					
Telephone number	Fax number		E-mail address		
()	()				
Treasurer					
Telephone number	Fax number		E-mail address		
()	()				
Retirement verification (Part II) contact					
Telephone number	Fax number		E-mail address		
()	()				
Wage and contributions (P31) contact					
Telephone number	Fax number		E-mail address		
()	()				
The employer is to report the 3% mandatory	member contributi	ons on the wages for	r each re	espectiv	e quarter pursuant to IC 5-10.4-7-7.
Mandatory 3% member contributions will Yes	l be withheld from to N		y:		
If response is "No," the employer pays the reported on the member's annual W-2.	e 3% mandatory co	ntributions and doe	es not in	nclude tl	he contributions in the wages
Contributions will start being deducted or					
	Date (month,				
Authorized signature EMPLOYER CERTIFICATION Date (month, day, year)					
Authorized signature		Tiue			Date (month, day, year)